

Women Vote!

1120 Connecticut Ave NW

Ste 1100

Washington

DC

20036

FEC ID No. C00473918

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Vote!	FEC IDENTIFICATION NUMBER <b>C</b> C00473918
--------------------------------------------	-------------------------------------------------

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Shorr Johnson Magnus

Date

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Amount

830000.00

Mailing Address  
1831 Chestnut Street  
Sixth FloorCity State Zip Code  
Philadelphia PA 19103Purpose of Expenditure  
Media BuyCategory/  
TypeOffice Sought: ☐ House State: CA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
Carly FiorinaDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 879769.08Transaction ID: SE-6189  
Estimate

Full Name (Last, First, Middle, Initial) of Payee

Shorr Johnson Magnus

Date

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Amount

48000.00

Mailing Address  
1831 Chestnut Street  
Sixth FloorCity State Zip Code  
Philadelphia PA 19103Purpose of Expenditure  
Media ProductionCategory/  
TypeOffice Sought: ☐ House State: CA  
☒ Senate District: \_\_\_\_\_  
☐ PresidentialCheck One: ☐ Support ☒ OpposeName of Federal Candidate supported or Opposed by expenditure:  
Carly FiorinaDisbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_Calendar Year-To-Date Per Election  
for Office Sought 879769.08Transaction ID: SE-6190  
Estimate

(a) SUBTOTAL of Itemized Independent Expenditures .....

878000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

Signature

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**PAGE OF 2 / 3  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Vote!		FEC IDENTIFICATION NUMBER <b>C</b> C00473918	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee The Campaign Workshop		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 1129 20th Street, NW Ste 200		Amount 1000.00	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Internet Services		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Carly Fiorina		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____ Transaction ID: SE-6191	
879769.08			

Full Name (Last, First, Middle, Initial) of Payee The Spoken Hub		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0	
Mailing Address 20 West 22nd Street Ste 706		Amount 769.08	
City New York	State NY	Zip Code 10010	
Purpose of Expenditure Phone Bank		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Barbara Boxer		Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____ Transaction ID: SE-6193	
879769.08			

(a) SUBTOTAL of Itemized Independent Expenditures .....	1769.08
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	
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Caroline Fines Signature	M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0

FEC ID No.

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## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 3 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
Women Vote!

FEC IDENTIFICATION NUMBER

C C00473918

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

MSHC Partners

Date

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Amount

2500.00

Mailing Address

1155 15th Street, NW  
Ste 300

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Printing

Category/  
TypeOffice Sought: ☒ House

State: ME

☐ Senate

District: 01

☐ PresidentialCheck One: ☒ Support ☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

Chellie Pingree

Disbursement For: ☐ Primary ☒ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE-6192

Calendar Year-To-Date Per Election

2500.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

2500.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

882269.08

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Caroline Fines

Signature

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0